



Registration Form

Last Name _____ **First Name** _____
Student ID _____ **Program** _____
Email _____ **Phone** _____
Semester _____ **Year** _____

Please indicate in the space provided below courses you intend to register for and/or courses you intend to drop or withdraw. If you have courses requiring instructor or additional special approvals not listed on this form, please fill out the **Course Exemption Form**. For policies regarding payment obligations contact the GCC Business Office. For information regarding tuition and fees, please refer to the GCC Academic Catalog.

CRN	Course	Sec	Course Title	Day	Time	Add	Drop	Withdraw

Approvals (If Applicable)

Approved - Continuing Education Approval (Apprenticeships, etc.)

Signature: _____ Date: _____

Approved - Business Office Approval

Signature: _____ Date: _____

Approved - Health Services Center Clearance

Signature: _____ Date: _____

By signing below, I acknowledge that I assume academic and financial responsibility for these adjustments to my registration. I acknowledge that I will be responsible for the full tuition and fees unless I officially drop courses before the end of the schedule adjustment period.

Student Signature: _____ Date: _____